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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEVADA	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for	John First name	_	Donna First name
	example, your driver's license or passport).	Robert Middle name		Marie Middle name
	Bring your picture identification to your meeting with the trustee.	Clough Last name and Suffix (Sr., Jr., II, III)	-	Clough Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	9		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9783		xxx-xx-1757

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Debtor 1 John Robert Clough
Debtor 2 Donna Marie Clough
Case number (# known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	3304 Lacebark Pine St.	If Debtor 2 lives at a different address:			
		Las Vegas, NV 89129 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Clark County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Debtor 1 John Robert Clough Debtor 2 Donna Marie Clough				Case number (if known)				
Par	t 2: Tell the Court About	Your Ban	kruntev Ca	350				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy						
	choosing to file under	■ Cha	,,					
		☐ Cha						
		☐ Cha	•					
		☐ Cha	•					
		- Ona	pici 10					
8.	How you will pay the fee	al	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more deta about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mon order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check wa pre-printed address.					
				y the fee in installme ee in Installments (Offic		tion, sign and attach the Application for Individu	ıals to Pay	
		□ In	request that ut is not req	at my fee be waived (juired to, waive your fe	You may request this opti e, and may do so only if y	on only if you are filing for Chapter 7. By law, a your income is less than 150% of the official point in installments). If you choose this option, you	verty line that	
						ficial Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes.						
			District			2		
			District District		When When	Case number Case number		
			District		when	Case number		
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your	■ No. Go to line 12.						
	residence?	☐ Yes.	Has yo	our landlord obtained a	n eviction judgment agair	nst you?		
				No. Go to line 12.				
				Yes. Fill out <i>Initial Sta</i> this bankruptcy petition		n Judgment Against You (Form 101A) and file it	as part of	

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Debt Debt		John Robert Cloud Donna Marie Cloud			Case number (if known)		
Dowt	2.	Daniert Albant Ann Di	-i\	Var. Own as a Cala Branch			
Part	3:	Report About Any Bu	sinesses	You Own as a Sole Propri	etor		
	of an	ou a sole proprietor y full- or part-time less?	■ No.	Go to Part 4.			
	A I	anno de la calle de la ca	☐ Yes.	Name and location of bo	usiness		
	busin an ind separ as a d	e proprietorship is a ess you operate as dividual, and is not a ate legal entity such corporation, ership, or LLC.		Name of business, if an	·		
	sole p	have more than one proprietorship, use a rate sheet and attach		Number, Street, City, St	ate & ZIP Code		
		nis petition.		Check the appropriate b	pox to describe your business:		
				☐ Health Care Bus	siness (as defined in 11 U.S.C. § 101(27A))		
				☐ Single Asset Re	al Estate (as defined in 11 U.S.C. § 101(51B))		
				☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))		
				☐ Commodity Brol	xer (as defined in 11 U.S.C. § 101(6))		
				☐ None of the about	ve		
	Chap Bank	ou filing under ter 11 of the ruptcy Code and are small business or?	deadlines operation	you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate cadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of perations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 11 U.S.C. 1116(1)(B).			
	For a	definition of small	■ No.	I am not filing under Cha	apter 11.		
		ess debtor, see 11 C. § 101(51D).	□ No.	I am filing under Chapte Code.	er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy		
			☐ Yes.	I am filing under Chapte	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Part	4:	Report if You Own or	Have Any	Hazardous Property or A	ny Property That Needs Immediate Attention		
		ou own or have any	■ No.				
	alleg	erty that poses or is ed to pose a threat minent and ifiable hazard to	☐ Yes.	What is the hazard?			
	publi Or do prope	c health or safety? you own any erty that needs		If immediate attention is			
	imme	ediate attention?		needed, why is it needed?			
	perisi livest or a b	example, do you own nable goods, or ook that must be fed, nuilding that needs nt repairs?		Where is the property?			
	-				Number, Street, City, State & Zip Code		

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Debtor 1 John Robert Clough
Debtor 2 Donna Marie Clough Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	tor 1 John Robert Clou tor 2 Donna Marie Clou			Case no	umber (if known)				
Par	6: Answer These Quest	ions for R	eporting Purposes						
16.	What kind of debts do you have?	16a.	Are your debts primarily consume individual primarily for a personal, to		e defined in 11 U.S.C. § 101(8) as "incurred by an				
			☐ No. Go to line 16b.						
			Yes. Go to line 17.						
		16b.		Are your debts primarily business debts? Business debts are debts that you incurred to obtain noney for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you owe that	at are not consumer debts or bu	siness debts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	to line 18.					
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do you are paid that funds will be available		property is excluded and administrative expenses itors?				
	administrative expenses		■ No						
are paid that funds will be available for distribution to unsecured creditors?			☐ Yes						
18.	18. How many Creditors do			1 ,000-5,000	2 5,001-50,000				
	you estimate that you owe?	□ 50-99		☐ 5001-10,000 ☐ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000				
		☐ 100-19 ☐ 200-99		10,001-25,000	□ More than 100,000				
19.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?	□ \$50,001 - \$100,000		□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion				
		■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millior	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
20.	How much do you	□ \$0 - \$9	50,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?	_	001 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion				
		,	001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$100 million					
Par	7: Sign Below								
For	you	I have ex	amined this petition, and I declare u	nder penalty of perjury that the i	information provided is true and correct.				
	If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.								
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).								
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.							
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 and 3571.							
/s/ John Robert Clough /s/ Donna Marie Clough									
			obert Clough e of Debtor 1	Donna Mari Signature of D					
		Executed	on November 26, 2019	Executed on	November 26, 2019				
			MM / DD / YYYY		MM / DD / YYYY				

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Debtor 1 John Robert Clough Debtor 2 Donna Marie Clough			Ca	Case number (if known)			
For your attorney, if you are represented by one	under Chapt	ter 7, 11, 12, or 13 of title 11, l	Jnited States Code, and have	e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)			
If you are not represented by an attorney, you do not need to file this page.		se in which § 707(b)(4)(D) app led with the petition is incorred		wledge after an inquiry that the information in the			
to me time page.	/s/ Erik Se	verino, Esq.	Date	November 26, 2019			
		Attorney for Debtor		MM / DD / YYYY			
	Erik Sever	rino, Esq.					
	Printed name						
		e of Erik Severino					
	Firm name						
	7251 W. La	ake Mead Blvd.					
	Suite 300						
		s, NV 89128					
	Number, Street,	City, State & ZIP Code					
	Contact phone	702-370-0155	Email address	erik@mylasvegaslawyers.com			
	010221 NV	I					
	Bar number & S	tate					

Certificate Number: 17082-NV-CC-033617348



CERTIFICATE OF COUNSELING

I CERTIFY that on October 28, 2019, at 8:30 o'clock PM MST, JOHN CLOUGH received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 28, 2019 By: /s/Leah R Hernandez

Name: Leah R Hernandez

Title: Certified Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Certificate Number: 17082-NV-CC-033617339



CERTIFICATE OF COUNSELING

I CERTIFY that on October 28, 2019, at 8:29 o'clock PM MST, DONNA M CLOUGH received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 28, 2019 By: /s/Leah R Hernandez

Name: Leah R Hernandez

Title: Certified Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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	in this information to identify your case:		
Der	otor 1 John Robert Clough First Name Middle Name Last Name		
	otor 2 Donna Marie Clough		
(Spo	ouse if, filing) First Name Middle Name Last Name		
Uni	ted States Bankruptcy Court for the: DISTRICT OF NEVADA		
	se number		
(if kn	nown)		Check if this is an amended filing
			amended ming
~ €	fisial Farma 4000 ma		
	ficial Form 106Sum	_	
	mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
info	as complete and accurate as possible. If two married people are filing together, both are equally responsible rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing ame r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
			Your assets
			Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)		
	1a. Copy line 55, Total real estate, from Schedule A/B		\$ 446,162.00
	1b. Copy line 62, Total personal property, from Schedule A/B		\$ 18,966.46
	1c. Copy line 63, Total of all property on Schedule A/B		\$ 465,128.46
Par	t 2: Summarize Your Liabilities		
			W P-1-1941
			Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
۷.	2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D.</i>		\$ 156,233.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		. 0.00
	3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		\$
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F		\$ 13,571.40
	Your total liabiliti	es \\$_	169,804.40
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I)		\$ 6,393.07
	Copy your combined monthly income from line 12 of Schedule I		\$ 6,393.07
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$ 6,269.71
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with	your of	ther schedules.
	■ Yes		
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily findusehold purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	or a pe	ersonal, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check to the court with your other schedules.	this bo	and submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 2	Donna Marie Clough	Case number (if known)	
	m the Statement of Your Current Monthly Income: Co A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 I	,	\$ 5,633.33

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

John Robert Clough

Debtor 1

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

		Case 19-175:	o/-IIIKII	DUC	1	Entere	:u 11/2	0/19 10.	12.33	Pa	ige 16 0	ı əs	9
Fill	in this inform	ation to identify you	r case and th	is filing	g:								
Deb	otor 1	John Robert Clo	ouah										
		First Name	Middle	Name			Last Name						
	otor 2 use, if filing)	Donna Marie Clo		Name			Last Name						
Uni	ted States Ban	kruptcy Court for the:	DISTRICT	OF NEV	/ADA								
Cas	se number												Check if this is an amended filing
_		m 106A/B A/B: Pro j	oertv										12/15
ln ea	ch category, se	parately list and descri as complete and accur	be items. List a										
Part		ach Residence, Buildir ave any legal or equitab	<u>, , , , , , , , , , , , , , , , , , , </u>						?				
1.1		park Pine St. available, or other description	on	What ■ □	Singl Duple	e-family ho	Check all thome unit building r cooperati	g	the	amount	of any secure	d clai	or exemptions. Put ims on Schedule D: ecured by Property.
	Las Vogas	NV 89	129-0000				r mobile ho	me			ue of the		irrent value of the
	Las Vegas City	State	ZIP Code			stment prop	perty		en	tire prop \$44	erty? 6,162.00	ро	stion you own? \$446,162.00
	·				Time Othe	share r			(su	scribe th	ne nature of y		ownership interest by the entireties, or
					Debte	or 1 only	n the prop	erty? Check on	e an	ne estate	s), ii kilowii.		
	Clark				2001	or 2 only							
	County				At lea	ast one of t		and another	item, su	(see ins	if this is con tructions)	nmun	ity property
		r value of the portio ve attached for Part									=>		\$446,162.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Debt Debt				Case number (if known)	
3. C a	ırs, vans	wans, trucks, tractors, sport utility vehicles, motorcycles Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.			
	No			Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? Sanother Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? Sanother Current value of the portion you own? Sanother Sanother Sanother Sanother Current value of the portion you own? Current value of the portion you own?	
	Yes	Suburban Debtor 1 only Debtor 2 only Current value of the Current value of the Current value of the			
3.1	Make:		Who has an interest in the property? Check one		
	Model:	Suburban	Debtor 1 only		
	Year:		Debtor 2 only	Current value of the	ne Current value of the
	Approxi	mate mileage: 201880	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	formation:	At least one of the debtors and another		
			, , , ,	\$3,683.	93,683.00
3.2	Make:	Ford	Who has an interest in the property? Check one		
0.2	Model:				
	Year:		· _		
	Approxii	mate mileage: 89101	· _ ·		
			· ·		
			, , , ,	\$9,160.	9,160.00
					\$12,843.00
Port 1	Popori	ibo Vour Porconal and Household	Itama	_	
					Current value of the
20,	ou 0	or navo any rogar or oquitable			<pre>portion you own? Do not deduct secured</pre>
<i>E</i> .	xamples: No	Major appliances, furniture, liner	ns, china, kitchenware		
		Please see the	e attached list of household goods and fur	rnsihings.	\$1,710.00
E				nters, scanners; music co	llections; electronic devices
_	No Yes. De	escribe			
E.	xamples:	s of value Antiques and figurines; paintings other collections, memorabilia, of	s, prints, or other artwork; books, pictures, or other collectibles	art objects; stamp, coin,	or baseball card collections;
_	No No	escribe			

Official Form 106A/B Schedule A/B: Property page 2

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	ebtor 1 ebtor 2	John Robert Donna Marie				Case number (if known)	
9.		ent for sports a es: Sports, photo musical instr	graphic, e		nobby equipment; bicycles, pool table	s, golf clubs, skis; canoes	and kayaks; carpentry tools;
	☐ Yes.	Describe					
10.	. Firearm Examp ■ No		s, shotgun	s, ammunition, and	related equipment		
	☐ Yes.	Describe					
11.	□ No		othes, furs	, leather coats, des	igner wear, shoes, accessories		
			Clothir	ıg.			\$245.00
13.	■ No □ Yes. Non-far Examp ■ No □ Yes. Any oth ■ No	Describe rm animals oles: Dogs, cats, Describe her personal an	birds, hors d househ	ses old items you did	gement rings, wedding rings, heirloom		gold, silver
15	5. Add t l		of all of y	our entries from P	art 3, including any entries for pag	es you have attached	\$1,955.00
	101 Fa	art 5. write that	number n	ere			
Pa	art 4: Des	scribe Your Finan	cial Assets				
D	o you ow	vn or have any l	egal or ed	uitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16	■ No			ur wallet, in your ho	ome, in a safe deposit box, and on har	nd when you file your petiti	on
17.	Examp				ounts; certificates of deposit; shares in with the same institution, list each.	n credit unions, brokerage l	houses, and other similar
	□ No ■ Yes				Institution name:		
	_ 165		17.1.	Savings	One Nevada Credit Union #0302	account ending in	\$3,005.53
			17.2.	Checking	One Nevada Credit Union #0302 ID #08	accoutn ending in	\$1,162.93

Official Form 106A/B Schedule A/B: Property page 3

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	ebtor 1 ebtor 2	John Robert Clough Donna Marie Clough	Case number (if known)	
18		mutual funds, or publicly traded stock oles: Bond funds, investment accounts with	s n brokerage firms, money market accounts	
	☐ Yes	Institution or isse	uer name:	
19	. Non-pu joint v		orporated and unincorporated businesses, including an interest in a	ın LLC, partnership, and
		Give specific information about them Name of entity:		
20	Negotia Non-na ■ No	able instruments include personal checks, egotiable instruments are those you canno	egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. It transfer to someone by signing or delivering them.	
	☐ Yes.	Give specific information about them Issuer name:		
21		nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(I	k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	5
		List each account separately. Type of account:	Institution name:	
22	Your sl Examp		e so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications companies,	or others
	■ No □ Yes.		Institution name or individual:	
23	. Annuit i ■ No	ies (A contract for a periodic payment of m	noney to you, either for life or for a number of years)	
	☐ Yes	Issuer name and description	n.	
24	. Interest 26 U.S.0	s in an education IRA, in an account in C. §§ 530(b)(1), 529A(b), and 529(b)(1).	a qualified ABLE program, or under a qualified state tuition progran	n.
	☐ Yes	Institution name and descrip	ption. Separately file the records of any interests.11 U.S.C. § 521(c):	
25	Trusts,	equitable or future interests in propert	y (other than anything listed in line 1), and rights or powers exercisa	able for your benefit
	☐ Yes.	Give specific information about them		
26		s, copyrights, trademarks, trade secrets oles: Internet domain names, websites, pro	s, and other intellectual property acceeds from royalties and licensing agreements	
	☐ Yes.	Give specific information about them		
27		es, franchises, and other general intangoles: Building permits, exclusive licenses, c	gibles cooperative association holdings, liquor licenses, professional licenses	
	_	Give specific information about them		
M	oney or p	property owed to you?		Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

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Debtor 2			Case number (if known) _	
Zo. Taxi	refunds owed to you			
■ Ye	es. Give specific information about	them, including whether you already	filed the returns and the tax years	
		2019 Tax refund.	Federal	Unknow
Exal ■ No		ony, spousal support, child support, i	maintenance, divorce settlement, property se	ettlement
Exa	benefits; unpaid loans you		, sick pay, vacation pay, workers' compens	ation, Social Security
		urance; health savings account (HSA	s); credit, homeowner's, or renter's insurance	e
☐ Ye	es. Name the insurance company o Company		Beneficiary:	Surrender or refund value:
If yo som	neone has died.		ance policy, or are currently entitled to receiv	e property because
Exal ■ No	mples: Accidents, employment dis	r or not you have filed a lawsuit or outes, insurance claims, or rights to		
■ No	•	laims of every nature, including co	ounterclaims of the debtor and rights to s	et off claims
■ No	financial assets you did not alre oss. Give specific information	ady list		
	-	ntries from Part 4, including any e	ntries for pages you have attached	\$4,168.46
Part 5:	Describe Any Business-Related Prop	erty You Own or Have an Interest In. L	ist any real estate in Part 1.	
	ou own or have any legal or equitable	interest in any business-related prope	rty?	
	. Go to line 38.			

Official Form 106A/B Schedule A/B: Property page 5

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	otor 1 otor 2	John Robert Clough Donna Marie Clough		Case number (if known)	
Part		scribe Any Farm- and Commercial Fishing-Related Property Yo ou own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interes	st In.	
46. I		own or have any legal or equitable interest in any farm	n- or commercial fishir	ng-related property?	
	_	Go to Part 7. Go to line 47.			
	☐ res.	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That Y	ou Did Not List Above		
	•	have other property of any kind you did not already lises: Season tickets, country club membership	st?		
		Give specific information			
54.		he dollar value of all of your entries from Part 7. Write t List the Totals of Each Part of this Form	hat number here		\$0.00
55.	Part 1	: Total real estate, line 2			\$446,162.00
56.	Part 2	: Total vehicles, line 5	\$12,843.00		. ,
57.	Part 3	: Total personal and household items, line 15	\$1,955.00		
58.	Part 4	: Total financial assets, line 36	\$4,168.46		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	+\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$18,966.46	Copy personal property total	\$18,966.46
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$465,128.46

Official Form 106A/B Schedule A/B: Property page 6

Case 19-17557-mkn Doc 1 Entered 11/26/19 16:12:33 Page 22 of 59 HOUSEHOLD INVENTORY

NUMBER / Z	LIVING ROOM ITEM Couch Chairs Table(s) Love Seat Carpet Entertainment Ctr	VALUE 100,00 100,000 +0+A (NUMBER	BEDROOM#1 ITEM / Bed(s) Desk Dresser Chest Lamp(s) Bedding TOTAL	VALUE 50,00 to tA L
NUMBER	DINING ROOM ITEM Table Chairs Desk TOTAL	VALUE 95:00 total 80:00 total 125:00 \$280-00		NUMBER	Table	VALUE 00 25 00 25 00 0 0 0 0 0 0 0 0 0 0 0 0
NUMBER	KITCHEN ITEM	VALUE			TOTAL	\$120.00
	/ Table Cabinet Z Stove/Microwave / Refrig/Freezer / Dishwasher TOTAL	50.00 75.00 total 130.00 \$720.00	_	NUMBER	BEDROOM#3 ITEM Bed(s) Bed-table Dresser Chest	VALUE 20.00
NUMBER	MISCELLANEOUS ITEM Clothes Dryer	80,00			Lamp(s) Toys	\$275 -00
	Pictures Radio Alarm Clock Wash Machine Vacuum Cleaner Radio	80,00 75.		NUMBER	TOTAL BEDROOM #4 ITEM Bed Book Shelves	VALUE
<i>i</i> ,	Stereo / TV/VCR/DVD Computer/Printer/Scanno TOTAL	-12000 total			Dresser Desk Lamp(s) Bedding	
ĭ	OTHER ITEMS:	s, towels shoot	3, pots+	pons	TOTAL	\$1770-00
-			TOTAL VAL		SEHOLD FURNITUR	\$17.10,00

All and a second se	UNSWORN DECLARATION UNDER PENALTY OF PERSORY
The undersigned debtor(s); hereby declare und	der Penalty of Perjury that the above inventory of Household goods is true.

EXECUTED

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Fill in this infor	mation to identify your	case:		
Debtor 1	John Robert Clou	ıgh		
	First Name	Middle Name	Last Name	
Debtor 2	Donna Marie Clou	ugh		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEVADA		
Case number (if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
3304 Lacebark Pine St. Las Vegas, NV 89129 Clark County	\$446,162.00		\$289,929.00	Nev. Rev. Stat. §§ 21.090(1)(I) and 115.050
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2001 Chevorlet Suburban 201880 miles	\$3,683.00	-	\$3,683.00	Nev. Rev. Stat. § 21.090(1)(f)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
2008 Ford Mustang 89101 miles	\$9,160.00		\$9,160.00	Nev. Rev. Stat. § 21.090(1)(f)
			100% of fair market value, up to any applicable statutory limit	
Please see the attached list of household goods and furnsihings.	\$1,710.00		\$1,710.00	Nev. Rev. Stat. § 21.090(1)(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Clothing. Line from Schedule A/B: 11.1	\$245.00		\$245.00	Nev. Rev. Stat. § 21.090(1)(b)
Line nom ochedule A/D. 1111			100% of fair market value, up to any applicable statutory limit	

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	bbtor 2 John Robert Clough Donna Marie Clough			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Savings: One Nevada Credit Union account ending in #0302	\$3,005.53		\$2,254.14	Nev. Rev. Stat. § 21.090(1)(g)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	Savings: One Nevada Credit Union account ending in #0302	\$3,005.53		\$751.39	Nev. Rev. Stat. § 21.090(1)(z)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	Checking: One Nevada Credit Union accoutn ending in #0302 ID #08	\$1,162.93		\$872.19	Nev. Rev. Stat. § 21.090(1)(g)
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	Checking: One Nevada Credit Union accoutn ending in #0302 ID #08	\$1,162.93		\$290.74	Nev. Rev. Stat. § 21.090(1)(z)
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	Federal: 2019 Tax refund. Line from Schedule A/B: 28.1	Unknown		Unknown	Nev. Rev. Stat. § 21.090(1)(z)
	Line IIom Schedule A/D. 20.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 No			led on or after the date of adjustmen	it.)
	Yes. Did you acquire the property covere	ed by the exemption wi	ithin 1	,215 days before you filed this case?	?
	□ No □ Yes				

(Jase 19-175	57-IIIKII DOC'I EIILEIEU II/26/	19 10.12.33	Page 25 01 59	
Fill in this informati	ion to identify you	ır case:			
Debtor 1	John Robert Cl	onap			
	First Name	Middle Name Last Name			
Debtor 2	Donna Marie Cl	ough			
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bankro	uptcy Court for the	DISTRICT OF NEVADA			
Case number					
(if known)				☐ Check	if this is an
				ameno	ded filing
O(() :	1000				
Official Form 1					
Schedule D	: Creditors	Who Have Claims Secured	d by Property	/	12/15
		If two married people are filing together, both are equout, number the entries, and attach it to this form. Or			
1. Do any creditors hav	ve claims secured by	y your property?			
□ No. Check thi	s box and submit t	his form to the court with your other schedules. Yo	ou have nothing else to	report on this form.	
Yes. Fill in all	of the information	below.			
Part 1: List All S	ecured Claims				
<u> </u>		more than one secured claim, list the creditor separately	Column A	Column B	Column C
for each claim. If more	than one creditor has	s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Quicken Loa	ıns	Describe the property that secures the claim:	\$156,233.00	\$446,162.00	\$0.00
Creditor's Name		3304 Lacebark Pine St. Las Vegas, NV 89129 Clark County			
1050 Woodw	ard Ava	As of the date you file, the claim is: Check all that			
Detroit, MI 4		apply. □ Contingent			
Number, Street, City		☐ Unliquidated			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,	Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or sec	ured		
Debtor 2 only		car loan)			
Debtor 1 and Debto	r 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the d	lebtors and another	☐ Judgment lien from a lawsuit			
Check if this claim community debt	relates to a	Other (including a right to offset)			
	Opened 11/12 Last Active	4004			
Date debt was incurre	ed 9/10/19	Last 4 digits of account number 1861			
Add the dollar value	of your entries in C	Column A on this page. Write that number here:	\$156,233	3.00	
		the dollar value totals from all pages.	\$156,23°		

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

		Case 19-1/55/	-IIIKII	DOC I	Enferen 11	120	0/19 10.12.33	Paye 20 0	1 29
Fill in	this informa	ation to identify your o	ase:						
Debto	or 1	John Robert Clou	ah						
		First Name	<u> </u>	Name	Last Nan	ne		_	
Debto	or 2	Donna Marie Clou	gh						
(Spouse	e if, filing)	First Name	Middle	Name	Last Nan	ne		_	
United	d States Bank	kruptcy Court for the:	DISTRICT	Γ OF NEVAL	DA			_	
Case (if know	number _{/n)}							_	Check if this is an amended filing
Offic	ial Form	106E/F							
		F: Creditors W	ho Hav	e Unse	cured Claim	ıs			12/15
Schedu Schedu left. Att name a	ule G: Executo ule D: Creditor tach the Conti and case numb	ory Contracts and Unexpi s Who Have Claims Sect nuation Page to this pag per (if known).	red Leases (ured by Prop e. If you hav	(Official Forn perty. If more e no informa	n 106G). Do not incl space is needed, c	ude a	any creditors with part he Part you need, fill it	ially secured claim out, number the e	cial Form 106A/B) and on s that are listed in ntries in the boxes on the litional pages, write your
Part 1		of Your PRIORITY Un							
_		s have priority unsecured	d claims aga	inst you?					
	No. Go to Par	rt 2.							
	Yes.								
Don't (De Lies All	of Varia NONDDIODIT	V 11	ad Claima					
Part 2		of Your NONPRIORIT							
3. Do	o any creditors	s have nonpriority unsec	ured claims	against you'	?				
	No. You have	nothing to report in this pa	art. Submit th	is form to the	court with your other	sche	edules.		
	Yes.								
ur th:	nsecured claim,	nonpriority unsecured cla list the creditor separately holds a particular claim, list	for each clai	m. For each o	claim listed, identify w	hat ty	ype of claim it is. Do not	list claims already in	ncluded in Part 1. If more
									Total claim
4.1	Aargon C	Collection Agen		Last 4 dic	its of account num	ber	9608		\$1,766.00
	Nonpriority (Creditor's Name							
	3025 W S			When was	s the debt incurred	?	Opened 3/11/19		_
		et City State Zip Code		An of the	data van fila tha al	-i i-	e. Chaola all that annia		
		eet City State Zip Code ed the debt? Check one.		As of the	date you file, the ci	aim is	s: Check all that apply		
	_								
	Debtor 1	-		☐ Contin	=				
	Debtor 2			Unliqui					
		and Debtor 2 only		☐ Disput			l alaim.		
		one of the debtors and and			ONPRIORITY unse	curea	ı cıaım:		
		this claim is for a comn	nunity	☐ Studer					
	debt Is the claim	subject to offset?			tions arising out of a priority claims	sepai	ration agreement or divo	orce that you did not	
	■ No	-			•	harino	g plans, and other simila	ar debts	
							Attorney Centenni		
	☐ Yes			Other.	Specify Hospita				

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	or 1 John Robert Clough or 2 Donna Marie Clough		Case number (if known)	
4.2	Aargon Collection Agen	Last 4 digits of account number	0267	\$618.00
	Nonpriority Creditor's Name 3025 W Sahara Las Vegas, NV 89102	When was the debt incurred?	Opened 1/14/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify Collection	Attorney Summerlin Hospital	
4.3	At&t / Direct TV Nonpriority Creditor's Name	Last 4 digits of account number		Unknown
	208 South Akard St Dallas, TX 75202	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	□ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Utility		
4.4	Bank Of America	Last 4 digits of account number	3967	\$0.00
	Nonpriority Creditor's Name		Opened 04/96 Last Active	
	Po Box 982238 El Paso, TX 79998	When was the debt incurred?	12/17/09	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	□ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	I	

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	1 John Robert Clough 2 Donna Marie Clough		Case number (if known)		
4.5	Capital One Bank Usa N Nonpriority Creditor's Name	Last 4 digits of account number	2490	_	\$673.00
	Po Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 05/11 Las 8/16/17	t Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	□Yes	Other. Specify Credit Card	<u> </u>		
4.6	Capital One Bank Usa N Nonpriority Creditor's Name	Last 4 digits of account number	9787	_	\$150.00
	Po Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 06/14 Las: 7/15/19	t Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify Credit Card	<u> </u>		
4.7	Chase Nonpriority Creditor's Name	Last 4 digits of account number	0156	_	\$1,878.51
	PO Box 15123 Wilmington, DE 19850-5123	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:		
	■ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	■ Other. Specify Credit card	purchases		

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Debtor 1 Debtor 2	John Robert Clough Donna Marie Clough		Case number (if known)	
4.8	Client Services, Inc	Last 4 digits of account number	6730	\$150.00
;	Nonpriority Creditor's Name 3451 Harry S. Truman Blvd. Saint Charles, MO 63301-4047	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases	
	Comenitybank/victoria	Last 4 digits of account number	1158	\$0.00
	Nonpriority Creditor's Name Po Box 182789 Columbus, OH 43218	When was the debt incurred?	Opened 11/06 Last Active 1/01/16	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	to or the date you me, the claim	or oncor an mar appry	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Charge Ac	count	
4.1	Convergent Outsourcing Inc	Last 4 digits of account number	1191	\$245.10
	Nonpriority Creditor's Name 800 SW 39th St.	When was the debt incurred?		
	PO Box 9004 Renton, WA 98057 Number Street City State Zip Code	- A-of the data was file the alaine	OL	
	Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only			
	Debtor 2 only	☐ Contingent		
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated		
	■ Deptor 1 and Deptor 2 only At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	<u></u>	Student loans	u Ciaiiii.	
	■ Check if this claim is for a community debt stee claim subject to offset?		aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	□ Yes	Other Specify Credit card	• •	

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Debtor Debtor	John Robert Clough Donna Marie Clough		Case number (if known)	
4.1 1	Credit Control, LLC	Last 4 digits of account number	5761	\$456.89
	Nonpriority Creditor's Name 5757 Phantom Dr. Suite 330 Hazelwood, MO 63042	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.1	Enhanced Recovery Co L	Last 4 digits of account number	3916	\$432.00
	Nonpriority Creditor's Name Po Box 57547 Jacksonville, FL 32241	When was the debt incurred?	Opened 01/18	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Other. Specify Collection	Attorney At T Mobility	
4.1	Jpmcb Card	Last 4 digits of account number	7658	\$0.00
	Nonpriority Creditor's Name Po Box 15369 Wilmington, DE 19850	When was the debt incurred?	Opened 12/02 Last Active 9/26/08	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	

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Donna Marie Clough	Case number (if known)	
Nevada St Bk	Last 4 digits of account number 4879	Unknown
Nonpriority Creditor's Name	Opened 7/22/96 Last Activ	•
Pob 990	When was the debt incurred? 4/30/15	е
Las Vegas, NV 89101		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
■ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims	I not
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other Specify Check Credit Or Line Of Credit	
Nevada State Bank	Last 4 digits of account number 1002	\$2,482.30
Nonpriority Creditor's Name 750 E. Warm Springs Rd	When was the debt incurred?	
4th floor Las Vegas, NV 89119		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
■ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims	I not
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Credit card purchases	
Plusfour Inc.	Last 4 digits of account number 0126	\$95.00
Nonpriority Creditor's Name	Last 4 digits of account number U126	
Po Box 95846	When was the debt incurred? Opened 11/16	
Las Vegas, NV 89193	_	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	 Obligations arising out of a separation agreement or divorce that you did report as priority claims 	Inot
■ No	Debts to pension or profit-sharing plans, and other similar debts	
—·	_ Collection Attorney Southwest Medical	
□Yes	Other. Specify Associates	

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Debtor Debtor	1 John Robert Clough 2 Donna Marie Clough	Case number (if known)	
4.1 7	Progressive Leasing	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 5651 W Talavi Blvd Glendale, AZ 85306	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Loan	
4.1	Quicken Loans	Last 4 digits of account number 1861	\$1,297.71
	Nonpriority Creditor's Name 1050 Woodward Ave. Detroit. MI 48226	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Mortgage	
4.1 9	Republic Services	Last 4 digits of account number	\$1,289.59
	Nonpriority Creditor's Name 770 E. Sahara Ave. Las Vegas, NV 89104-2943	When was the debt incurred?	
•	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Utility	

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Sears/cbna	Last 4 digits of account number	1646	\$0.0
Nonpriority Creditor's Name	-	Opened 9/25/02 Last Active	
Po Box 6217 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred?	8/07/12	
	As of the date you file, the claim i		
Debtor 1 only	_		
Debtor 2 only	Contingent		
_	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
■ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing		
Yes	Other. Specify Credit Card	<u> </u>	
Sewer Services	Last 4 digits of account number	2222	\$151.3
Nonpriority Creditor's Name	_		
City of Las Vegas Sewer Services	When was the debt incurred?		
495 S. Main St. 4th Floor			
Las Vegas, NV 89101			
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
■ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Utility		
Syncb/chevron	Last 4 digits of account number	3443	\$0.0
Nonpriority Creditor's Name			,
P.o Box 965015 Orlando, FL 32896	When was the debt incurred?	Opened 5/26/99 Last Active 8/13/12	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
☐ Debtor 1 only	Пол		
Debtor 2 only	☐ Contingent		
■ Debtor 1 and Debtor 2 only	☐ Unliquidated		
☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	Student loans	u Claiiii.	
Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	addition agreement of divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Charge Acc	nount	

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r 1 John Robert Clough r 2 Donna Marie Clough		Case number (if known)	
Syncb/lowes	Last 4 digits of account number	8614	\$0.0
Nonpriority Creditor's Name	_	Omenad 5/47/00 Leet Active	
Po Box 956005 Orlando, FL 32896	When was the debt incurred?	Opened 5/17/09 Last Active 8/07/12	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
■ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Charge Acc	count	
0 1/		0005	***
Syncb/smrtcn Nonpriority Creditor's Name	Last 4 digits of account number	9025	\$0.0
Po Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 2/27/11 Last Active 2/10/13	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the dam's	S. Oncok all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Charge Acc	count	
Td Bank Usa/targetcred		8185	\$598.0
Nonpriority Creditor's Name	Last 4 digits of account number		φ330.0
Po Box 673 Minneapolis, MN 55440	When was the debt incurred?	Opened 11/17 Last Active 1/12/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	\square Debts to pension or profit-sharin	g plans, and other similar debts	
	■ Other. Specify Credit Card		

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Debtor Debtor	John Robert Clough Donna Marie Clough	Case number (if known)		
4.2 9	Wells Fargo Hm Mortgag	Last 4 digits of account number	7824	\$0.00
	Nonpriority Creditor's Name		Opened 12/09 Last Active	
	Po Box 10335 Des Moines, IA 50306	When was the debt incurred?	11/15/12	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	□ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Real Estate Mortgage		
	☐ At least one of the debtors and another			
	■ Check if this claim is for a community			
	debt Is the claim subject to offset?			
	■ No			
	Yes			
4.3	Wells Fargo Hm Mortgag	Last 4 digits of account number	4168	\$0.00
٠	Nonpriority Creditor's Name	_		
	Po Box 10335 Des Moines, IA 50306	When was the debt incurred?	Opened 03/03 Last Active 11/17/09	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply Contingent		
	☐ Debtor 1 only			
	Debtor 2 only			
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated		
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:		
	_	Student loans		
	■ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			
	■ No			
	Yes	■ Other. Specify Real Estate Mortgage		
4.3	Womens Health Associates	Last 4 digits of account number		\$75.00
	Nonpriority Creditor's Name		• • • • • • • • • • • • • • • • • • • •	
	8906 Spanish Ridge Ave.	When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated		
	Las Vegas, NV 89148 Number Street City State Zip Code			
	Who incurred the debt? Check one.			
	☐ Debtor 1 only			
	Debtor 2 only			
	Debtor 1 and Debtor 2 only			
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:		
	■ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	□Yes	■ Other. Specify Medical		

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 John Robert Clough		
Debtor 2 Donna Marie Clough	Case number (if known)	

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
otal laims				
om Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
-4-1	6f.	Student loans	6f.	\$ 0.00
otal laims				
om Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 13,571.40
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 13,571.40

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Fill in this infor	mation to identify your	case:		
Debtor 1	John Robert Clou			
	First Name	Middle Name	Last Name	
Debtor 2	Donna Marie Clou	ugh		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEVADA	.	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Otato	Zii Oodc	
2.0	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	Oity		Otate	ZII OOUE	
0	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	_

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Fill in thi	s information to identify yo	ur case:		
Debtor 1	John Robert C	lough		
Dobtor 2	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fi	Donna Marie C First Name	Middle Name	Last Name	
United St	ates Bankruptcy Court for the	e: DISTRICT OF NEVADA		
Case nun	nher			
(if known)				☐ Check if this is an
				amended filing
Officia	al Form 106H			
Sche	dule H: Your Co	debtors		12/15
people ar fill it out, your nam 1. Do No Ye 2. Wi Arizo	e filing together, both are e and number the entries in the and case number (if known you have any codebtors? It is thin the last 8 years, have you and california, Idaho, Louisian and Code to line 3. Is Did your spouse, former so	qually responsible for supplying the boxes on the left. Attach the vn). Answer every question. (If you are filing a joint case, do n	eg correct informa e Additional Page ot list either spouse rty state or territo Rico, Texas, Wash	ory? (Community property states and territories include
	Yes.			
	In which community s	tate or territory did you live?	-NONE-	. Fill in the name and current address of that person.
in lin Form	e 2 again as a codebtor on	Zip Code ebtors. Do not include your spo ly if that person is a guarantor	or cosigner. Make	or if your spouse is filing with you. List the person shown e sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to fi
	Column 1: Your codebtor Name, Number, Street, City, State an	d ZIP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
	Name			Schedule E/F, line
				☐ Schedule G, line
	Number Street City	State	ZIP Code	
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line
				☐ Schedule G, line
	Number Street			_
	City	State	ZIP Code	

Fill in this information	on to identify your case:	
Debtor 1	John Robert Clough	
Debtor 2 (Spouse, if filing)	Donna Marie Clough	
United States Bank	truptcy Court for the: DISTRICT OF NEVADA	
Case number (If known)		Check if this is: An amended filing A supplement showing postpetition chapter
Official For	m 106l	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	F	■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Service Advisor	
	Include part-time, seasonal, or self-employed work.	Employer's name	Fletcher Jones Imports	
	Occupation may include student or homemaker, if it applies.	Employer's address	7300 W. Sahara Ave. Las Vegas, NV 89117	
		How long employed the	nere? 3 months	

Part 2: Give Details About Monthly Income

Calculate gross Income. Add line 2 + line 3.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.

2. \$ 8,666.67 \$ 0.00
3. +\$ 0.00 +\$ 0.00
4. \$ 8,666.67 \$ 0.00

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

5. List all p 5a. Ta 5b. Ma 5c. Vo	payroll deductions: ax, Medicare, and Social Security deductions landatory contributions for retirement plans oluntary contributions for retirement plans equired repayments of retirement fund loans asurance omestic support obligations nion dues other deductions. Specify: Savings Holiday e payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. te total monthly take-home pay. Subtract line 6 from line 4. other income regularly received:	4. 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$ \$ \$ \$	0.000 346.67 0.00 543.86 0.00	non	0.00 0.00 0.00 0.00 0.00 0.00 0.00	
5. List all p 5a. Ta 5b. Ma 5c. Vo	payroll deductions: ax, Medicare, and Social Security deductions landatory contributions for retirement plans oluntary contributions for retirement plans equired repayments of retirement fund loans asurance omestic support obligations nion dues other deductions. Specify: Savings Holiday e payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. te total monthly take-home pay. Subtract line 6 from line 4.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$ \$ \$	1,274.74 0.00 346.67 0.00 543.86 0.00	\$\$\$\$\$\$\$	0.00 0.00 0.00 0.00 0.00	
5a. Ta 5b. Ma 5c. Vo	ax, Medicare, and Social Security deductions landatory contributions for retirement plans oluntary contributions for retirement plans equired repayments of retirement fund loans assurance omestic support obligations nion dues ther deductions. Specify: Savings Holiday e payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$	0.00 346.67 0.00 543.86 0.00 0.00	\$ \$ \$ \$ \$	0.00 0.00 0.00 0.00	
5a. Ta 5b. Ma 5c. Vo	ax, Medicare, and Social Security deductions landatory contributions for retirement plans oluntary contributions for retirement plans equired repayments of retirement fund loans assurance omestic support obligations nion dues ther deductions. Specify: Savings Holiday e payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$	0.00 346.67 0.00 543.86 0.00 0.00	\$ \$ \$ \$ \$	0.00 0.00 0.00 0.00	
5b. M a 5c. V o	landatory contributions for retirement plans oluntary contributions for retirement plans equired repayments of retirement fund loans issurance omestic support obligations nion dues ther deductions. Specify: Savings Holiday e payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. te total monthly take-home pay. Subtract line 6 from line 4.	5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$	0.00 346.67 0.00 543.86 0.00 0.00	\$ \$ \$ \$ \$	0.00 0.00 0.00 0.00	
5c. V c	oluntary contributions for retirement plans equired repayments of retirement fund loans issurance omestic support obligations nion dues ther deductions. Specify: Savings Holiday e payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Ite total monthly take-home pay. Subtract line 6 from line 4.	5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$	346.67 0.00 543.86 0.00 0.00	\$\$\$\$\$	0.00 0.00 0.00	
	equired repayments of retirement fund loans issurance omestic support obligations nion dues ther deductions. Specify: Savings Holiday e payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. te total monthly take-home pay. Subtract line 6 from line 4.	5e. 5f. 5g. 5h.+	\$ _ \$	543.86 0.00 0.00	\$ \$	0.00 0.00	
5d. Re	omestic support obligations nion dues ther deductions. Specify: Savings Holiday payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. te total monthly take-home pay. Subtract line 6 from line 4.	5f. 5g. 5h.+	\$ \$	0.00 0.00	\$_		
5e. In :	nion dues ther deductions. Specify: Savings Holiday payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. te total monthly take-home pay. Subtract line 6 from line 4.	5g. 5h.+	\$	0.00		0.00	
5f. D o	sther deductions. Specify: Savings Holiday payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. te total monthly take-home pay. Subtract line 6 from line 4.	5h.+	· : —			0.00	
0	e payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. te total monthly take-home pay. Subtract line 6 from line 4.		- \$	100 22	\$	0.00	
5h. O t	te total monthly take-home pay. Subtract line 6 from line 4.	6.		100.33	+ \$	0.00	
6. Add the			\$	2,273.60	\$_	0.00	
7. Calculat	other income regularly received:	7.	\$	6,393.07	\$_	0.00	
8a. Ne pr Ati rec	et income from rental property and from operating a business, rofession, or farm ttach a statement for each property and business showing gross eceipts, ordinary and necessary business expenses, and the total conthly net income.	8a.	\$	0.00	\$	0.00	
	nterest and dividends	8b.	\$	0.00	_ '	0.00	
re Ind se 8d. Ur	amily support payments that you, a non-filing spouse, or a dependence gularly receive include alimony, spousal support, child support, maintenance, divorce ettlement, and property settlement. nemployment compensation ocial Security	8c. 8d. 8e.	\$ \$ \$	0.00	\$	0.00 0.00	
	•	œ.	Φ	0.00	_ Φ_	0.00	
Ind tha Nu Sp 8g. Pe	ther government assistance that you regularly receive clude cash assistance and the value (if known) of any non-cash assistance at you receive, such as food stamps (benefits under the Supplemental utrition Assistance Program) or housing subsidies. pecify: ension or retirement income	ce 8f. 8g. 8h.+	\$ \$ - \$	0.00 0.00	\$	0.00	
8h. O t	ther monthly income. Specify:	on. 1		0.00	_ + \$	0.00	_
9. Add all o	other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_	0.00	
10. Calculat	te monthly income. Add line 7 + line 9.	10. \$	6	,393.07 +	3	0.00 = \$	6,393.07
	entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Include o	I other regular contributions to the expenses that you list in <i>Schedu</i> contributions from an unmarried partner, members of your household, you ends or relatives. Include any amounts already included in lines 2-10 or amounts that are not expense.	ur depen	-			Schedule J. 11. +\$	0.00
	e amount in the last column of line 10 to the amount in line 11. The reat amount on the Summary of Schedules and Statistical Summary of Central					12. \$	6,393.07
	expect an increase or decrease within the year after you file this for No.	m?				Combin monthly	income
□ Y	Yes. Explain:						

Official Form 106l Schedule I: Your Income page 2

Fill in this inform	ation to identify yo	ur case:					
Debtor 1	John Robert	Clough			Check	c if this is:	
ebtor 2	Donna Marie	Clough			_	An amended filing A supplement show	ving postpetition cha
spouse, if filing)							the following date:
ited States Bank	cruptcy Court for the:	DISTRI	CT OF NEVADA		<u></u>	MM / DD / YYYY	
ase number known)							
Official Fo	orm 106J						
chedule	J: Your I	Exper	nses				
formation. If rumber (if known	nore space is ned vn). Answer ever cribe Your House	eded, atta y questio	. If two married people ar ach another sheet to this n.				
Is this a joi ☐ No. Go t							
_	o line 2. es Debtor 2 live i	n a separ	ate household?				
= 1	No		ial Form 106J-2, <i>Expenses</i>	s for Saparata Housa	hold of Debte	or 2	
			iai Fullii 1005-2, <i>Expenses</i>	ioi Separate Housei	Tota of Debit	JI Z.	
•	/e dependents?	□ No	-	Barra barda ada		Daniel Lands	Barrier I I
Do not list L Debtor 2.	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
Do not state	e the					_	□ No
dependents	s names.			Granddaughte	<u> </u>	3	■ Yes □ No
				Granddaughte	r	4	■ Yes
				-			□ No
				Daughter		24	Yes
							□ No □ Yes
expenses (penses include of people other the nd your depende	nan $_{\square}$	No Yes				1 103
timate your e	a date after the k	ur bankr	ly Expenses uptcy filing date unless y ry is filed. If this is a supp				
	ch assistance and		government assistance i			Your exp	enses
	or home owners		nses for your residence. I or lot.	nclude first mortgage	4. \$		1,697.71
If not inclu	ded in line 4:						
4a. Real	estate taxes				4a. \$		0.00
4b. Prop	erty, homeowner's				4b. \$		30.00
	e maintenance, re	•			4c. \$		200.00

5. Additional mortgage payments for your residence, such as home equity loans

			bert Clough Iarie Clough	Case num	ber (if known)	
6.	Utilitie	es:				
٥.			heat, natural gas	6a.	\$	364.00
	6b.	Water, sev	wer, garbage collection	6b.	\$	189.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	578.00
	6d.	Other. Spe	ecify:	6d.	\$	0.00
7.	Food	and house	ekeeping supplies	7.	\$	1,200.00
8.	Childe	care and c	children's education costs	8.	\$	220.00
9.	Clothi	ing, laund	ry, and dry cleaning	9.	\$	300.00
10.	Perso	onal care p	products and services	10.	\$	200.00
11.	Medic	cal and der	ntal expenses	11.	\$	120.00
12.			Include gas, maintenance, bus or train fare.	40	Ф.	550.00
40			ar payments.	12.	·	
			clubs, recreation, newspapers, magazines, and books	13.	·	250.00
14.			ributions and religious donations	14.	>	50.00
15.	Insura		surance deducted from your pay or included in lines 4 or 20.			
		Life insura	· · · ·	15a.	\$	0.00
		Health ins		15b.	· -	0.00
		Vehicle ins		15c.		189.00
			rance. Specify:	15d.	·	0.00
16			include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
	Specif		iolado taxoo doddotod fform your pay of moladod ff milos 1 of 20.	16.	\$	0.00
17.			ease payments:			
	17a.	Car payme	ents for Vehicle 1	17a.	\$	0.00
	17b.	Car payme	ents for Vehicle 2	17b.	\$	0.00
	17c.	Other. Spe	ecify:	17c.	\$	0.00
	17d.	Other. Spe	ecify:	17d.	\$	0.00
18.			of alimony, maintenance, and support that you did not report as	10	¢.	0.00
40			your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	
19.			s you make to support others who do not live with you.	10	\$	0.00
20	Specif		erty expenses not included in lines 4 or 5 of this form or on Sched	19.	our Income	
20.			s on other property	20a.		0.00
		Real estat		20b.	· ·	0.00
			homeowner's, or renter's insurance	20c.	·	0.00
			nce, repair, and upkeep expenses	20d.	·	0.00
			er's association or condominium dues	20e.	·	0.00
21.		: Specify:			+\$	0.00
22.		-	monthly expenses			
			through 21.		\$	6,269.71
			2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. A	Add line 22a	a and 22b. The result is your monthly expenses.		\$	6,269.71
23.	Calcu	ılate vour ı	monthly net income.			
_0.		-	12 (your combined monthly income) from Schedule I.	23a.	\$	6,393.07
			monthly expenses from line 22c above.	23b.	·	6,269.71
		1,,,	, ,			3,233
			our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	123.36
24	Do vo	ou expect a	an increase or decrease in your expenses within the year after you	ı file this	s form?	
∠-⊤.	For exa	ample, do yo	ou expect to finish paying for your car loan within the year or do you expect your reterms of your mortgage?			or decrease because of a
	■ No).				
	☐ Ye	s.	Explain here:			

Fill in this infor	mation to identify your	case:		
Debtor 1	John Robert Clou	ıah		
	First Name	Middle Name	Last Name	
Debtor 2	Donna Marie Clo	ıgh		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEVADA		
Case number				
(if known)				☐ Check if this is an amended filing
Official Form		ın Individual	Debtor's Schedules	12/15
years, or both. 1	y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 n Below		uptcy case can result in fines up to \$25	u,uuu, or imprisonment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an attorn	ey to help you fill out bankruptcy forms	?
■ No				
☐ Yes.	Name of person			Bankruptcy Petition Preparer's Notice, tion, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the summ	nary and schedules filed with this declar	ration and
X /s/ Joh	nn Robert Clough		X /s/ Donna Marie Clough	
	Robert Clough		Donna Marie Clough	
	re of Debtor 1		Signature of Debtor 2	
Date	November 26, 2019		Date November 26, 2019	

Fill is	n this infor	mation to identify you	r case.			
Debt		John Robert Clo				
Dobt	O1 1	First Name	Middle Name	Last Name		
Debt	or 2 se if, filing)	Donna Marie Clo	ough Middle Name	Last Name		
` '		nkruptcy Court for the:	DISTRICT OF NEVADA			
<u></u>						
(if know	number _ wn)					heck if this is an mended filing
						monaca ming
Offi	cial Fo	rm 107				
			Affairs for Indivic	luals Filing for B	ankruptcy	4/19
					equally responsible for supp	
inforr	nation. If n		attach a separate sheet to t		additional pages, write you	
		,				
Part			rital Status and Where You	Lived Before		
1. V	What is you	r current marital statu	s?			
[[■ Married □ Not ma					
2. [Ouring the I	ast 3 years, have you	lived anywhere other than v	where you live now?		
	No.					
	■ No □ Yes. Lis	st all of the places you li	ived in the last 3 years. Do no	ot include where you live now	:	
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
[□ No					
ı	Yes. Ma	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part	2 Expla	in the Sources of You	r Income			
F	ill in the tota	al amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	II businesses, including part-		idar years?
[□ No					
ı	Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until	■ Wages, commissions,	\$20,060.00	☐ Wages, commissions,	\$0.00
the d	late you file	ed for bankruptcy:	bonuses, tips		bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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	ohn Robert (onna Marie (Case	e number (if known)	
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last cale (January 1 to	ndar year: December 31	1 711112 1	Wages, commissions, conuses, tips	\$106,487.00	☐ Wages, commissions, bonuses, tips	\$0.00
		[Operating a business		☐ Operating a business	
			☐ Wages, commissions, conuses, tips	\$3,000.00	☐ Wages, commissions, bonuses, tips	\$0.00
		ı	Operating a business		☐ Operating a business	
For the caler (January 1 to	ndar year befo December 31	1 2017 \	■ Wages, commissions, conuses, tips	\$98,486.00	☐ Wages, commissions, bonuses, tips	\$0.00
		[☐ Operating a business		☐ Operating a business	
			☐ Wages, commissions, conuses, tips	\$3,000.00	☐ Wages, commissions, bonuses, tips	\$0.00
		ı	Operating a business		☐ Operating a business	
Include ir and other winnings.	ncome regardle r public benefit . If you are filing	ess of whether payments; pe g a joint case a	that income is taxable. Ex- nsions; rental income; inte and you have income that			
Include ir and other winnings. List each	ncome regardle r public benefit . If you are filing	ess of whether payments; pe g a joint case a e gross income	that income is taxable. Ex- nsions; rental income; inte and you have income that	amples of other income are a rest; dividends; money collectyou received together, list it of the collectyou received together.	ted from lawsuits; royalties; ar only once under Debtor 1.	
Include ir and other winnings. List each	ncome regardle r public benefit . If you are filing source and the	ess of whether payments; pe g a joint case a e gross income	that income is taxable. Ex- nsions; rental income; inte and you have income that	amples of other income are a rest; dividends; money collectyou received together, list it of the collectyou received together.	ted from lawsuits; royalties; ar only once under Debtor 1.	
Include ir and other winnings. List each	ncome regardle r public benefit . If you are filing source and the	ess of whether payments; pe g a joint case a e gross income	that income is taxable. Ex- nsions; rental income; inte and you have income that the e from each source separa	amples of other income are a rest; dividends; money collectyou received together, list it of the collectyou received together.	ted from lawsuits; royalties; ar only once under Debtor 1. hat you listed in line 4.	
Include ir and other winnings. List each No Yes	ncome regardle r public benefit . If you are filing source and the . Fill in the deta	ess of whether payments; pe g a joint case a e gross income	that income is taxable. Exnsions; rental income; interand you have income that the form each source separated by the form that the fources of income.	amples of other income are a rest; dividends; money collect you received together, list it outlets. Do not include income the seach source (before deductions and exclusions)	ted from lawsuits; royalties; ar only once under Debtor 1. hat you listed in line 4. Debtor 2 Sources of income	Gross income (before deductions
Include ir and other winnings. List each No Yes	st Certain Payler Debtor 1's concidered individual principle. No.	ess of whether payments; pe g a joint case a g g a joint case a g gross income ails. Example 1	that income is taxable. Exnsions; rental income; interand you have income that the form each source separate from each source of income from the form of	amples of other income are a rest; dividends; money collect you received together, list it of telly. Do not include income the telly. Do not include	ted from lawsuits; royalties; are not you listed in line 4. Debtor 2 Sources of income Describe below. I of \$6,825* or more? In one or more payments and that you listed in 11 support and the payments are payments are payments are payments.	Gross income (before deductions and exclusions) O1(8) as "incurred by an the total amount you and alimony. Also, do
Include ir and other winnings. List each No Yes Part 3: List Are either No.	st Certain Payer Debtor 1's conditional Payer Debtor 1 or 1's conditional Payer Debtor	ess of whether payments; pe g a joint case a g gross income ails. Description of the payments You March 2's of the payments You March 2's of the payments You go days before Go to line 7. List below each paid that creding a djustment of the payments You be possible of the payments of	that income is taxable. Exnsions; rental income; interand you have income that the from each source separate from each source sof income describe below. In debts primarily consume from the from the form of the form of the from the f	amples of other income are a rest; dividends; money collect you received together, list it of tely. Do not include income the tely. Do not include include include the tely. Do not include include the tely. The tely include the	ted from lawsuits; royalties; are only once under Debtor 1. hat you listed in line 4. Debtor 2 Sources of income Describe below. I of \$6,825* or more? In one or more payments and inations, such as child support a correct the date of adjustments.	Gross income (before deductions and exclusions) O1(8) as "incurred by ar the total amount you and alimony. Also, do
Include ir and other winnings. List each No Yes Part 3: List Are either No.	st Certain Payer Debtor 1's conditional Payer Debtor 1 or 1's conditional Payer Debtor	ess of whether payments; pe g a joint case a g gross income ails. Description of the payments You March 2's of the payments You March 2's of the payments You go days before Go to line 7. List below each paid that creding a djustment of the payments You be possible of the payments of	that income is taxable. Exnsions; rental income; interand you have income that the from each source separate from each source sof income describe below. In debts primarily consume from the from the form of the form of the from the f	amples of other income are a rest; dividends; money collect you received together, list it of tely. Do not include income the tely. Do not include include include the tely. Do not include income the tely. Do not include include income the tely. Do not include income the tely. D	ted from lawsuits; royalties; are only once under Debtor 1. hat you listed in line 4. Debtor 2 Sources of income Describe below. I of \$6,825* or more? In one or more payments and inations, such as child support a correct the date of adjustments.	Gross income (before deductions and exclusions) O1(8) as "incurred by arthe total amount you and alimony. Also, do
Include ir and other winnings. List each No Yes Part 3: List Are either No.	st Certain Pays The Certain P	ess of whether payments; pe g a joint case a g gross income ails. Description of the payments You March 2's of the payments You March 2's of the payments You go days before Go to line 7. List below each paid that creding a djustment of the payments You be possible of the payments of	that income is taxable. Exnsions; rental income; interand you have income that the from each source separate from each source sof income describe below. In debts primarily consume from the from the form of the form of the from the f	amples of other income are a rest; dividends; money collect you received together, list it of tely. Do not include income the tely. Do not include include include the tely. Do not include include the tely. The tely include the	ted from lawsuits; royalties; are only once under Debtor 1. hat you listed in line 4. Debtor 2 Sources of income Describe below. I of \$6,825* or more? In one or more payments and inations, such as child support a correct the date of adjustments.	Gross income (before deductions and exclusions) O1(8) as "incurred by an the total amount you and alimony. Also, do

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	btor 1 John Robert Clough btor 2 Donna Marie Clough		Cas	e number (if known)		
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for
7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen control, or owner of 20% o	eral partners; partner r more of their voting	erships of which yo g securities; and a	ou are a genera ny managing a	I partner; corporations gent, including one fo
	■ No□ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	iny property on a	ccount of a de	ebt that benefited an
	■ No□ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include credi	this payment itor's name
Pa	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
	List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.	cases, small claims actions	s, divorces, collectio	n suits, paternity a	actions, support	or custody
	Case title Case number	Nature of the case	Court or agency		Status of the	e case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address		erty repossessed, f	oreclosed, garnis	shed, attached	, seized, or levied? Value of the
	Greator Name and Address	Explain what happened	I	Duto		property
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details.		luding a bank or fir	nancial institutior	n, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		erty in the possess	ion of an assigne	e for the bene	fit of creditors, a
	☐ Yes					

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	otor 1 John Robert Clough Donna Marie Clough		Case number	(if known)	
Pai	t 5: List Certain Gifts and Contributions				
13.	Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift.	tcy, c	did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:		Describe the gifts	Dates you gave the gifts	Value
14.		tcy, c	did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or cont	tributi	ion.		
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	al	Describe what you contributed	Dates you contributed	Value
Pai	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankruptor gambling? No Yes. Fill in the details.	y or	since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	Describe the property you lost and how the loss occurred	clude	be any insurance coverage for the loss the amount that insurance has paid. List pending not claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfers				
16.	Within 1 year before you filed for bankrupto consulted about seeking bankruptcy or pre	parii	id you or anyone else acting on your behalf pay on a bankruptcy petition? s, or credit counseling agencies for services require		rty to anyone you
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	ı	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Law Office of Erik Severino 7251 W. Lake Mead Blvd. Suite 300 Las Vegas, NV 89128 erik@mylasvegaslawyers.com		Attorney Fees	6/2019	\$1,735.00
17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you	ors o		or transfer any prope	rty to anyone who
	☐ Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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	tor 1 tor 2	John Robert Clough Donna Marie Clough			Case num	nber (if known)	
	trans Includinclud	n 2 years before you filed for bankrup ferred in the ordinary course of your I de both outright transfers and transfers made gifts and transfers that you have alrea No Yes. Fill in the details.	business or financial aff nade as security (such as	airs? the granting of a	-		
	_	on Who Received Transfer	Description and property transfer		paym	ribe any property or ents received or debts n exchange	Date transfer was made
	Pers	on's relationship to you			P	ononungo	
	benef ■ 1	n 10 years before you filed for bankru ficiary? (These are often called asset-prints) No Yes. Fill in the details.		ny property to a	self-settle	d trust or similar device	of which you are a
		e of trust	Description and	value of the prop	erty trans	sferred	Date Transfer was made
Part	8:	List of Certain Financial Accounts, Ir	nstruments. Safe Deposi	it Boxes. and Sto	orage Unit	ts	
	sold, Includ house	n 1 year before you filed for bankruptomoved, or transferred? de checking, savings, money market, es, pension funds, cooperatives, asso No Yes. Fill in the details. e of Financial Institution and	or other financial account ociations, and other financiations	ints; certificates ncial institutions Type of accou	of deposi s.		t unions, brokerage Last balance
	Addı Code)	ress (Number, Street, City, State and ZIP	account number	instrument		closed, sold, moved, or transferred	before closing or transfer
	_	se Box 15123 nington, DE 19850-5123	XXXX-0156	■ Checking □ Savings □ Money Mark □ Brokerage □ Other	ket	7/2019	\$0.00
	cash, _	ou now have, or did you have within 1 or other valuables?	year before you filed fo	r bankruptcy, an	y safe de _l	posit box or other depos	itory for securities,
	_ `	No Yes. Fill in the details.					
		e of Financial Institution ress (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have	you stored property in a storage unit	or place other than you	r home within 1	year befo	re you filed for bankrupt	cy?
	= 1	No					
	□ `	Yes. Fill in the details.					
		e of Storage Facility ress (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?

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	otor 1 John Robert Clough otor 2 Donna Marie Clough		Case number (if known)	
Pai	t 9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you borrowed from, are storing fo	or, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Pai	t 10: Give Details About Environmental Inform	ation		
For	the purpose of Part 10, the following definitions	apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, groun	- -	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law, whether you now own, operate	, or utilize it or used
	Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.	
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e under or in violation of an environn	nental law?
	■ No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admini	strative proceeding under any env	ironmental law? Include settlements	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Pai	t 11: Give Details About Your Business or Cor	nnections to Any Business		
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of the following connections to ar	ny business?
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, either full-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partnersl	nip (LLP)	
	☐ A partner in a partnership	, , , , , , , , , , , , , , , , , , , ,	,	
	☐ An officer, director, or managing execu	tive of a corporation		
	☐ An owner of at least 5% of the voting of	•	1	

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	tor 1 John Robert Clough tor 2 Donna Marie Clough		Cas	e number (if known)
	No. None of the above applies. Go to FYes. Check all that apply above and fill		elow for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)		ature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties. No	cy, did you give	a financial statement to an	yone about your business? Include all financial
	☐ Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code)	Date Issued		
Par	112: Sign Below			
are with		false statement,	concealing property, or ob	eclare under penalty of perjury that the answers staining money or property by fraud in connection rs, or both.
	John Robert Clough		nna Marie Clough	
	nn Robert Clough nature of Debtor 1		a Marie Clough ure of Debtor 2	
Dat	November 26, 2019	Date	November 26, 2019	
Did ■ N		ent of Financial A	Affairs for Individuals Filing	for Bankruptcy (Official Form 107)?
I	you pay or agree to pay someone who is not o es. Name of Person Attach the Bankru	•		

				•
Fill in this inform	ation to identify your	case:		
Debtor 1	John Robert Clou	<u> </u>		
Dahtar 0	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	Donna Marie Clou	Middle Name	Last Name	
United States Ban	kruptcy Court for the:	DISTRICT OF NE	VADA	
Officed States Barr	ikrupicy Court for the.	DISTRICT OF INC	VADA	
Case number				☐ Check if this is an
				amended filing
Official For	m 108			
		n for Indiv	iduals Filing Under Chapt	or 7
Otatemen	t or intentio	ii ioi iiiaiv	iduais i illing Officer Offapt	er / 12/15
If you are an indiv	ridual filing under chap	oter 7, you must fill	out this form if:	
	claims secured by you	-		
	ed personal property a			
You must file this whichev on the fo	er is earlier, unless th	ithin 30 days after y e court extends the	you file your bankruptcy petition or by the date s e time for cause. You must also send copies to the	et for the meeting of creditors, ne creditors and lessors you list
	ople are filing together d date the form.	in a joint case, bot	th are equally responsible for supplying correct i	nformation. Both debtors must
	nd accurate as possib ur name and case nun		needed, attach a separate sheet to this form. Or	the top of any additional pages,
Part 1: List You	ur Creditors Who Have	Secured Claims		
 For any credito information bel 		ert 1 of Schedule D:	: Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
	ditor and the property th	nat is collateral	What do you intend to do with the property that	
			secures a debt?	as exempt on Schedule C?
	uicken Loans		☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	■ Yes
Description of	3304 Lacebark Pine	· · · · · · ·	☐ Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property	Vegas, NV 89129 (Clark County	Retain the property and [explain]:	
securing debt:			Debtor intends to stay current on	
			property	<u> </u>
Part 2: List Yo	ur Unexpired Personal	Property Leases		
For any unexpired			in Schedule G: Executory Contracts and Unexpir	
			expired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p)	
Describe your un	nexpired personal prop	perty leases		Will the lease be assumed?
Lessor's name:				□ No
Description of leas	sed			LI NU
Property:				☐ Yes
Lessor's name:				П Мо
Description of leas	sed			□ No
Property:				☐ Yes

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor Debtor		ohn Robert Clough onna Marie Clough			Case number (if known)
Lessor					□ No
Descrip Proper		f leased			☐ Yes
Lessor		ne: of leased			□ No
Proper		1100000			☐ Yes
Lessor		ne: of leased			□ No
Proper		i leaseu			☐ Yes
Lessor		ne: of leased			□ No
Proper		n leased			☐ Yes
Lessor		ne: of leased			□ No
Proper		n leaseu			☐ Yes
Part 3:	Sig	gn Below			
		y of perjury, I declare that I have indicated my i is subject to an unexpired lease.	ntention abou	t any	ny property of my estate that secures a debt and any personal
X /s	/ Joh	n Robert Clough	X	/s/	/ Donna Marie Clough
		Robert Clough			onna Marie Clough
Si	ignatu	re of Debtor 1		Sig	gnature of Debtor 2
D	ate	November 26, 2019	Da	te	November 26, 2019

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtDistrict of Nevada

In	John Robert Clough re Donna Marie Clough		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENS	ATION OF ATTO	RNEY FOR DI	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of o	f the petition in bankruptcy	or agreed to be paid	to me, for services rendere	ed or to
	For legal services, I have agreed to accept		\$	1,735.00	
	Prior to the filing of this statement I have received		\$	1,735.00	
	Balance Due			0.00	
2.	\$335.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed compens	ation with any other person	unless they are mem	bers and associates of my	law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names				rm. A
6.	In return for the above-disclosed fee, I have agreed to rende	er legal service for all aspect	s of the bankruptcy	ease, including:	
	 a. Analysis of the debtor's financial situation, and renderin b. Preparation and filing of any petition, schedules, statemed c. Representation of the debtor at the meeting of creditors at d. [Other provisions as needed] Exemption planning. 	ent of affairs and plan which	may be required;		y;
7.	By agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any disch any other adversary proceeding; negotiation filing of reaffirmation agreements and appl USC 522(f)(2)(A) for avoidance of liens on land applications as needed; preparation as liens on household goods.	argeability actions, judi ons with secured credito ications as needed; pre nousehold goods. prepa	cial lien avoidanc ors to reduce to m paration and filing aration and filing	arket value; preparation g of motions pursuant of reaffirmation agreen	on and to 11 nents
	(CERTIFICATION			
this	I certify that the foregoing is a complete statement of any ags bankruptcy proceeding.	greement or arrangement for	payment to me for r	epresentation of the debtor	r(s) in
_	November 26, 2019	/s/ Erik Severino,			
	Date	Erik Severino, Es Signature of Attorne			
		Law Office of Eri	k Severino		
		7251 W. Lake Me Suite 300	ad Blvd.		
		Las Vegas, NV 89	9128		
		702-370-0155 erik@mylasvega	slawvers com		
		Name of law firm	Jiaw yei J.COIII		

United States Bankruptcy Court District of Nevada

In re	John Robert Clough Donna Marie Clough		Case No.	
		Debtor(s)	Chapter	7
	VERI	FICATION OF CREDITOR	MATRIX	
Γhe ab	ove-named Debtors hereby verify th	at the attached list of creditors is true and o	correct to the best	of their knowledge.
Γhe ab Date:	ove-named Debtors hereby verify the November 26, 2019	/s/ John Robert Clough	correct to the best	of their knowledge.
		/s/ John Robert Clough John Robert Clough	correct to the best	of their knowledge.
		/s/ John Robert Clough	correct to the best	of their knowledge.
		/s/ John Robert Clough John Robert Clough	correct to the best	of their knowledge.

Signature of Debtor

John Robert Clough Donna Marie Clough 3304 Lacebark Pine St. Las Vegas, NV 89129

Erik Severino, Esq. Law Office of Erik Severino 7251 W. Lake Mead Blvd. Suite 300 Las Vegas, NV 89128

Aargon Collection Agen Acct No 3325079608 3025 W Sahara Las Vegas, NV 89102

Aargon Collection Agen Acct No 1239150267 3025 W Sahara Las Vegas, NV 89102

At&t / Direct TV 208 South Akard St Dallas, TX 75202

Bank Of America Acct No 5329054214803967 Po Box 982238 El Paso, TX 79998

Capital One Bank Usa N Acct No 5178059815662490 Po Box 30281 Salt Lake City, UT 84130

Capital One Bank Usa N Acct No 5178059525649787 Po Box 30281 Salt Lake City, UT 84130

Chase
Acct No 0156
PO Box 15123
Wilmington, DE 19850-5123

Client Services, Inc Acct No 6730 3451 Harry S. Truman Blvd. Saint Charles, MO 63301-4047

Comenitybank/victoria Acct No 877521158 Po Box 182789 Columbus, OH 43218 Convergent Outsourcing Inc Acct No 1191 800 SW 39th St. PO Box 9004 Renton, WA 98057

Credit Control, LLC Acct No 5761 5757 Phantom Dr. Suite 330 Hazelwood, MO 63042

Enhanced Recovery Co L Acct No 188393916 Po Box 57547 Jacksonville, FL 32241

Jpmcb Card Acct No 426684117658 Po Box 15369 Wilmington, DE 19850

Nevada St Bk Acct No 120054879 Pob 990 Las Vegas, NV 89101

Nevada State Bank Acct No 1002 750 E. Warm Springs Rd 4th floor Las Vegas, NV 89119

Plusfour Inc. Acct No 5780126 Po Box 95846 Las Vegas, NV 89193

Progressive Leasing 5651 W Talavi Blvd Glendale, AZ 85306

Quicken Loans Acct No 8673311941861 1050 Woodward Ave Detroit, MI 48226

Quicken Loans Acct No 1861 1050 Woodward Ave. Detroit, MI 48226

Republic Services 770 E. Sahara Ave. Las Vegas, NV 89104-2943 Sears/cbna Acct No 5121079723841646 Po Box 6217 Sioux Falls, SD 57117

Sewer Services Acct No 2222 City of Las Vegas Sewer Services 495 S. Main St. 4th Floor Las Vegas, NV 89101

Syncb/chevron Acct No 7061591007763443 P.o Box 965015 Orlando, FL 32896

Syncb/lowes Acct No 7981924290428614 Po Box 956005 Orlando, FL 32896

Syncb/smrtcn Acct No 6044071031199025 Po Box 965005 Orlando, FL 32896

Td Bank Usa/targetcred Acct No 5859752121688185 Po Box 673 Minneapolis, MN 55440

Verizon Wireless Acct No 97311174100001 One Verizon Way, Basking Ridge Basking Ridge, NJ 07920

Wakefield & Associates Acct No 15Q2MQ 10800 E Bethany Dr Aurora, CO 80014

Wells Fargo Acct No 4465420195596861 PO Box 51193 Los Angeles, CA 90051-5493

Wells Fargo Hm Mortgag Acct No 7080112207824 Po Box 10335 Des Moines, IA 50306 Wells Fargo Hm Mortgag Acct No 9360606734168 Po Box 10335 Des Moines, IA 50306

Womens Health Associates 8906 Spanish Ridge Ave. Las Vegas, NV 89148